

PTO/SB/51 (07-03)

Approved for use through 01/31/2004, OMB 0661-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

NC 96,220

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 6,579,955 granted 05/17/2003 and for which a reissue patent is sought on the invention entitled HIGH TEMPERATURE ELASTOMERS FROM LINEARPOLY (SILARYLENE-SILOXANE-ACETYLENE)

the specification of which

☐ is attached hereto.☒ was filed on 03/25/2004 as reissue application number 10/816,595and was amended on 03/25/2004
(if applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.☒ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The chemical structures shown in claims 15 and 17 are erroneous in that, in both cases, the right-handed parenthesis should be between the oxygen and the hydrogen. The recited process would not produce the recited structure when n is greater than 1. Although the process steps are correct, the reissue might be considered broadening in that the amended structure compounds not encompassed by the structure in the original patent claims.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/51 (07-03)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional)	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		NC 96,220	
Note: To appoint a power of attorney, use form PTO/SB/81.			
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number:	26384 CUSTOMER NUMBER		
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name)			
TEDDY M. KELLER			
Inventor's signature	Date		
<i>Teddy M. Keller</i>	7/23/04		
Residence	Citizenship		
FAIRFAX STATION, VA	US		
Mailing Address			
8604 CROSSCHASE COURT			
Full name of second joint inventor (given name, family name)			
CRAIG HOMRICHHAUSEN			
Inventor's signature	Date		
Residence	Citizenship		
LONGMONT, CO	US		
Mailing Address			
6478 SILVERLEAF AVENUE			
Full name of third joint inventor (given name, family name)			
Inventor's signature	Date		
Residence	Citizenship		
Mailing Address			
<input type="checkbox"/> Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.			

[Page 2 of 2]

PTO/SB/61 (07-03)
Approved for use through 01/31/2004. GMB 0001-0003
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Notes: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☒ Customer Number: **26384**
OR
☐ Firm or Individual Name

Address

Address

City State Zip

Country

Telephone Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Inventor's signature **TEDDY M. KELLER** Date

Residence **FAIRVAX STATION, VA** Citizenship **US**

Mailing Address **8604 CROSSCHASE COURT**

Full name of second joint inventor (given name, family name)

Inventor's signature **Craig Henryhausen** Date **7/20/04**

Residence **LONGMONT, CO** Citizenship **US**

Mailing Address **6478 SILVERLEAF AVENUE**

Full name of third joint inventor (given name, family name)

Inventor's signature Date

Residence Citizenship

Mailing Address

☐ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.

[Page 2 of 2]